## 10/530378

Rec'd PCT/PTO 06 APR 2005

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY'S DOCKET (includes Reference to PCT International Applications)

PHNL020966 US

As a below named inventor, I he	ereby declare that:					
My residence, post office address and citizenship are as stated next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "ITV trick play over digital interface" the specification of which (check only one item below):						
is attached hereto.						
was filed as United States a	pplication					
Serial No						
on						
and was amended						
on						
[V] filed as DCT internation	al application	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
X was filed as PCT internation						
Number <u>PCT/IB2003/004183</u>	2					
on 19 September 200	3					
and was amended under PCT	Article 19					
on			(if applicable).			
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.						
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).						
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:						
DDIOD FOREIGN/DOT ADDI (	NATION(O) AND ANY DDIODI	TV CLAIMC LINDED 25 H C C 440:	·			
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119			
Europe	02079191.9	10 October 2002	YES			
		DEDARTMENT OF COMMERCE Potent	and Trademorks Office			

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Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				d)	Attorneys Docket Number PHNL020966 US		
POWI	ER OF ATTORNE ct all business in the	Y: As a named inventor, I hereby appoint Patent and Trademark Office connected	the following attorney(s) and/or therewith. (List name and regis	r agent(s) to p tration numbe	rosecute this application and r)		
Micha	E. Haken, Reg. No ael E. Marion, Reg ard M. Blocker, Re	g. No. 32, 266			none Calls to: elephone number) 0222		
	FULL NAME OF INVENTOR	FAMILY NAME  KELLY	FIRST GIVEN NAME  Declan		SECOND GIVEN NAME Patrick		
201	RESIDENCE & CITIZENSHIP	Eindhoven N	STATE OR FOREIGN COUNTIES The Netherlands	ITRY	COUNTRY OF CITIZENSHIP Ireland		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan-6	5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands		
	FULL NAME OF INVENTOR	NEWTON.	FIRST GIVEN NAME Philip		SECOND GIVEN NAME Steven		
202	RESIDENCE & CITIZENSHIP	Eindhoven \\	STATE OR FOREIGN COUNTRY  The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS  Prof. Holstlaan 6	5656 AA Eindhoven		The Netherlands		
	FULL NAME OF INVENTOR	FAMILY NAME VAN GESTEL	FIRST GIVEN NAME Wilhelmus Jacobu		SECOND GIVEN NAME		
203	RESIDENCE & CITIZENSHIP	Eindhoven NUX	STATE OR FOREIGN COUNTRY  The Netherlands		The Netherlands		
	POST OFFICE ADDRESS	POST-OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	en	STATE & ZIP CODE/COUNTRY The Netherlands		
to be to	true: and further that r imprisonment, or bo	atements made herein of my own knowled these statements were made with the knooth, under section 1001 if Title 18 of the Uror any patent issuing thereon.	owledge that willful false statem	ents and the I	ike so made are punishable by		
SIGNATURE OF INVENTOR 201  SIGNATURE OF MALES  MALES  SIGNATURE OF MALES  MALES  SIGNATURE OF MALES  MALES		FINTVENTOR 202		bothelmen Jacobes van fra			
DATE	O6 May	2004 DATE	06 May 2004	DATE	06 May 2004		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

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Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Title

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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner's appointed in this form if the appointed practitioner is an action behalf of the assignee, and must identify the application in which this power of Attornovic to be filed.								
and must	identify the	application in which this Pow	er of Attorney is t	o be filed.	to act on I	ehalf of the	assig	jnee,
SIGNATURE of Assignee of Record  The individual whose signer are and title is supplied below is authorized to act on behalf of the assignee								
Signature		Had to	supplied below is at	unorized to act o				
Name	Michae	l E. Marion			<del>                                     </del>	4 Janua		
litle .		ized Representati	ive		Telephon	æ (914)	333	-9637
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